

## **HIPAA and Submitting PPDR Data to the Office of EMS Facts**

### **Why is public health data collected?**

The Virginia Department of Health (VDH), Office of Emergency Medical Services (OEMS) is charged with protecting the health of all citizens and visitors of Virginia. As with any local, state or federal public health authority, VDH/OEMS recognizes the importance of collecting and sharing protected health information (PHI) to accomplish essential public health objectives.

Public health practice and research, including such traditional public health activities as program operations, public health surveillance, program evaluation, terrorism preparedness, outbreak investigations, direct health services, and public health research, use PHI to identify, monitor, and respond to disease, death, and disability among populations. The Code of Virginia specifically requires OEMS to collect data on the incidence and severity of injury and illness to improve prehospital and hospital emergency medical services.

### **Does HIPAA apply when submitting data to OEMS?**

NO. OEMS is a public health authority as defined by HIPAA, 45 C.F.R. § 164.501. HIPAA's Privacy Rule allows public health authorities (such as the Office of EMS) to collect patient identifiable information as part of a public health activity, *see* 45 C.F.R. § 164.512(b). Data collection through OEMS' statewide trauma registry and EMS registry (PPCR) is one example of a public health activity. State regulations also authorize this type of disclosure in § 32.1-111.3 and § 32.1-116.1 of the Code of Virginia and under 12 VAC 5-31-560 of the Virginia Administrative Code.

Public health authorities have a long history of protecting and preserving the confidentiality of individually identifiable health information. Several laws ensure the protection of patients' privacy by regulating OEMS' permissible uses of identifiable health information that may be collected as part of the trauma and PPCR registries. EMS Regulations require all records maintained by EMS to be secured according to the provisions of 12 VAC 5-31-530; the Code of Virginia also provides detailed information about the protection of PHI relating directly to data collected by OEMS in §§ 32.1-116.1, 32.1-127.1:03.

## **What is identifiable information and why is it collected by public health authorities like OEMS?**

Identifiable patient information are those data items that can be used to individually identify a person. With EMS data, this would include the patients social security number, patient residence (city, county, FIPS code, Zip code), date of birth (DOB) and possibly the jurisdiction incident number. Even though HIPAA does not apply to submitting data to public health authorities, such as EMS data being submitted to OEMS, the importance of collecting public health data is recognized by HIPAA provisions. In particular, the Act stipulates in 45 C.F.R. § 164.512(b)(1) that covered entities may disclose protected health information without an individual's authorization to a public health authority such as OEMS for the purpose of public health activities.

Identifiable data, such as submitting PPCR data with social security numbers and dates of birth, is essential to put EMS data to work. As OEMS plans to move towards a new EMS data collection system, the EMS Registry, a major goal with this project is to tie EMS data to the statewide trauma registry, hospital discharge information, DMV's motor vehicle crash law enforcement reports and more. The benefits of tying EMS data to trauma registry and hospital data is that it will allow us to measure the effectiveness of care that EMS providers provide, otherwise known as "outcomes". This form of evidence based practice, is one of the goals stated in the recent Institute of Medicine (IOM) report [\*"Emergency Medical Services at the Crossroads"\*](#).

Without patient identifiers, information from separate databases cannot be tied together. In order for an EMS case to be matched to a hospital case the two records must be linked by more than one identifier, i.e. a record will only be successfully linked if the date of the incident, the patient's social security number and date of birth can be matched. When an EMS and hospital record are matched, it will be possible to identify if the EMS provider's suspected diagnosis, which is used to choose treatment protocols, turned out to be the patients actual diagnosis. The hospital admission status, such as whether the patient was discharged from the emergency department, admitted to the hospital or admitted to an ICU are indicators of the level of severity of the patient's illness or injury.

An example of "linking" a database that the Office of EMS is already involved in is the Virginia CODES Project. CODES stands for the Crash Outcome Data Evaluation System and links EMS data, OEMS' trauma registry, DMV's law enforcement crash reports, hospital information, and the Department of Vital Statistics (death records) together. This allows the evaluation of victims of motor vehicle crashes through their experience from the police officers report to discharge from a hospital. On-line reports, standard reports and crash facts can be found at [www.VACODES.org](http://www.VACODES.org).

### **Related Links Include:**

[DHHS HIPAA Privacy Rule](#)

[DHHS HIPAA Security Rule](#)

[DHHS-Office for Civil Rights](#) (HIPAA Fact sheets)

[Release of Information to NEMSIS under HIPAA](#)

[Code of Federal Regulations](#) (look up federal regulations)

[Virginia Legislative Information System](#) (look up Virginia laws & regulations)